



Commonwealth of Kentucky
Public Protection Cabinet
Department of Housing, Buildings and Construction
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405
Tel: (502) 573-0373 – Fax: (502) 573-1059



**RENEWAL APPLICATION FOR LOCAL EXPANDED
JURISDICTION**

PLEASE TYPE OR PRINT IN UPPER CASE LETTERS

NAME OF JURISDICTION: _____ DATE OF RENEWAL APPLICATION: _____
(CITY, COUNTY OR URBAN COUNTY GOVERNMENT)

CHIEF APPOINTING AUTHORITY: _____
PRINTED NAME and SIGNATURE (MAYOR OR COUNTY JUDGE/EXECUTIVE)

MINIMUM UNIFORM CRITERIA:

CERTIFIED INSPECTOR: LEVEL III Certified Building Inspector of the person, firm or company employed or contracted to perform the plans and specifications inspection and building inspection functions to be granted to the local government.

(NAME OF CERTIFIED INSPECTOR) (CERTIFICATION LEVEL & CERTIFICATE NO.) (DATE CERTIFIED)

BUILDING INSPECTOR: EMPLOYED ☐ OR ☐ CONTRACTED (If contracted, a copy of the contract must be attached.)

OTHER CONTRACTS: NOTE: This section is applicable only when the designated Level III Certified Building Inspector also provides inspection services for other local jurisdictions. Attached as EXHIBIT ____ you will find a complete list of all permits issued and fees collected by each additional local jurisdiction for the previous calendar year of _____.

LIST ANY CHANGES TO:

PERSONNEL: (including clerks, inspectors, reviewers, etc.)

NAME	JOB TITLE	CERTIFIED	LEVEL	HOW LONG
		Yes No	1&2 only, I, II or III	____ yrs. ____ mos.
		Yes No	1&2 only, I, II or III	____ yrs. ____ mos.
		Yes No	1&2 only, I, II or III	____ yrs. ____ mos.
	Electrical Inspector	Yes No		____ yrs. ____ mos.

LIST ANY CHANGES TO:

INCLUSIONS LISTED IN INITIAL APPLICATION: _____

LIST ANY CHANGES TO:

EXCLUSIONS LISTED IN INITIAL APPLICATION: _____

ARE THERE ANY CHANGES MADE IN REGARDS TO THE LOCAL APPEALS BOARD: ☐ Yes ☐ No IF YES, PLEASE ATTACH A COPY OF THE CHANGE.

LIST ANY CHANGES, IF ANY, TO THE SINGLE FAMILY DWELLING OPTION: _____

LIST ANY CHANGES, IF ANY, TO YOUR SCHEDULE OF FEES: _____

OFFICIAL CONTACT: When referring persons to the applying local government, sending correspondence or forwarding other related information, contact shall be made with:

(NAME OF CHIEF BUILDING CODE OFFICIAL) (TITLE)

(NAME OF DEPARTMENT) (BUSINESS PHONE NUMBER)

(NO., STREET, HIGHWAY OR OTHER MAILING ADDRESS) (BUSINESS FAX NUMBER)

(CITY, STATE & ZIP CODE) (E-MAIL ADDRESS IF APPLICABLE)